

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED FEB 4 1943

318

1003

910

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hosp #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community. years, months or days

3. (a) PRINT FULL NAME John J. Burke

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

7. Birth date of deceased Apr 85 1868
(Month) (Day) (Year)

8. AGE: Years Apr 85 Months Days If less than one day
hr. min.

9. Birthplace Pennsylvania
(City, town or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business.

MOTHER FATHER { 12. Name unknown 91
13. Birthplace unknown (City, town or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town or county) (State or foreign country)

16. (a) Informant James J. Chapman
(b) Address 1308 Clark

17. (a) Antonioma Brook (b) Date thereof 1-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Richter

(b) Address 2500 Patton

19. (a) JAN 29 1943 (b) J. Bredelk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 107 No 6 St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1942 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....
that I last saw h. alive on 19.....
and that death occurred on the date and hour stated above

Immediate cause of death Toxemia of blood
suppurated pneumonia of brain
when he was struck by an automobile
driven by one Claude Johnson
at the intersection of fourth and
Walnut at about 7:40 P.M.
Dec 25 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Dec-28 1942

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? no (Specify type of place) (r) Means of injury auto

23. Signature W. Richter 3 (M. D. or other)
Address 2500 Patton Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.